

Licensure Verification Form
(Copy this form for multiple licenses)

Form #1

I am applying for a license to practice medicine. The Board requires that this form be completed by each state or Canadian province in which I hold or have held licenses, whether now current or not. Please complete the form and return it directly to the following Board:

To be completed by applicant

Applicant Name: _____				
Last	First	Middle	Suffix	
Date of Birth: _____		Social Security Number: _____		License Number: _____
(From State/Province you are sending this form to)				
<i>The applicant's social security number is to be used for purposes of identification and may not be used for any other reason.</i>				
I hereby authorize the licensing agency of the State/Province of _____ to furnish the information to the Board indicated below.				
Signature of Applicant _____				Date _____
Board Name: _____				
Address: _____				
Street	City	State	ZIP Code	

TO BE COMPLETED BY STATE LICENSING BOARD OR CANADIAN PROVINCE

Name of Licensee: _____

Last First Middle Suffix

License Type: _____ License #: _____ Issue Date: _____ Expiration Date: _____

Is this license current? ☐ Yes ☐ No If No, please explain: _____

1) Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state?

☐ Yes ☐ No ☐ Cannot answer under state law

If Yes, please explain: _____

2) Has the applicant ever been warned, censured, placed on probation, formal consent, reprimand or in any other manner disciplined; or has the applicant's license ever been revoked, suspended, or in any other manner, limited by a licensing or disciplinary authority in your state?

☐ Yes ☐ No ☐ Cannot answer under state law

If Yes, please explain: _____

Affix Board Seal Here

Board Authorized Signature: _____

Title: _____

Date: _____

Please return this form to the Board listed at the top of this form.

Applicant Name: _____ Date: _____